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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 09/909,933 07/20/2001 PAT 6,638,304 *OK*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*NONE*IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
\*\* 09/15/2003

\*\* SMALL ENTITY \*\*

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged <i>2/11</i> Examiner's Signature _____ Initials _____	MA	10	19	2

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## TITLE

Vision prosthesis

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